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11 SICIAN: The TOW requires Indi the death certificate be executed within 24 hours after death. Page 4		s certificate has been signed by the attending physician and campletely filled in by the	ise as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show the filed with
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
7244	CERTIFICATE	OF DEATH	

			Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residen b. COUNTY	
Somerset	c. LENGTH OF STAY IN 16	Maryla	nd Somer	set
 CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 	c. CITY OR TOWN (If or	utside carporate limits, write RURAL and o		
Crisfield	20 years	29 Crisfi	eld	
d. NAME OF HOSPITAL (If not in hospitot, give street OR INSTITUTION 112 Columbia Ave		d. STREET ADDRESS	Jamehia Assa	e. IS RESIDENCE ON A FARM?
			lumbia Ave.	YES NO X
3. NAME OF DECEASED (Type or print) ELWOOD	NOAH BRIT	TINGHAM	4. DATE Month OF DEATH June 27	Day Yeor
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED	Aug. 6, 1902	lost birthday) Months 55 yrs.	Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU			IZEN OF WHAT COUNTR
during most of warking life, even if retired) Chaffeur	Taxi			SA
3. FATHER'S NAME	ACLANT	14. MOTHER'S MAIDEN N		UA
Noak Britti	nghom			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		Sadie Hen		
(Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT	Address	
		s. Lena Britt:	ingham112 Columbi	a Ave
18. CAUSE OF DEATH [Enter only one cause per li	ne far (o), (b), ond (c).]		Crisfield, Md.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	1-	1hun !		ONSET AND DEATH
420 / DUE TO	y and any			0
Conditions, if ony, which)				
gove rise to immediate				
couse (o), stating the under-				
lying couse lost.) (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CO	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a. m. While of wor	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	ounty) (State)
Hour a.m. While	Nat while fac	tory, street, office bldg., etc.)		(31016)
p. m. 19 of wor	k ot work			
21. I certify that I attended the deceas	ed from	27, 195-5/, to 1/	27, 1917, that II	ast saw the decease
alive an	5 , and that death	accurred at 4:30A.	M, fram the causes and an th	e date stated above
0 0	7		ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE SOME M	1 ton			6/28/10
SIGNATURE TO THE	- Lagrangian	M.U	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	120120
PHYSICIAN'S NAME (Type) Sarah M. Peyton,	M.D.	Main St.	Crisfield, Md.	
20. BURIAL CREMATION, 22b. DATE THEREOF June 29.1958	Sunnyridge C		22d. LOCATION (City, town, or county) Crisfield, Md.	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			NIATHRE
	nsCrisfield,	MA.	BY REGISTRAR 246. REGISTRAR'S SIG	PIATRE
Tadoraw or bo	TO -OT TOT TOTAL	DATE . III	3 '58 Illheau	ex

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SICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Page 4		certificate has been signed by the ottending physician and campletely filled in by the eral director,	as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 sha the filled with
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND o. COUNTY b. COUNTY SOMERSET MARYLAND SOMERSET b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pegrest town LIFETIME CRISFIELD d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? LAWSONIA SECTION LAWSONIA SECTION YES NO I 3. NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED IDA JENNIE BYRD JUNE 12 19 58 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months FEMALE WHITE WIDOWED K DIVORCED T OCT 6. 1861 96 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWIFE DOMESTIC CRISFIELD. MARYLAND USA ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WARD ELIZA CULLEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO BENSON BYRD--R.F.D. LAWSONIA--CRISFIELD. MD. NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 420.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while 19 of work of work 21. I certify that I attended the deceased fram. 19 2 Sthat I last saw the deceased ta and that death occurred at 2 18 alive an _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE FUNERAL DIREC prior Sarah M. Peyton PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) ASBURY CRISFIELD, MD. JUNE CEMETERY 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTBAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) BRADSHAW & SONS-CRISFIELD, MD. 15M 10/S7 58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

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Film 230 6-26-58 ams CERTIFICATE OF DEATH

Reg.	Dist	No

07243

1241	CERTIFICATI	E OI DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY SOMERSET	MARYLAND 2.	USUAL RESIDENCE (Where deceased live o. STATE MARYLAND	ed. If institution: Residence before admission) b. COUNTY SOMERSET
RURAL and give nearest town)	c. LENGTH OF STAY IN 16	200	limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION M. MCCREADY ME	ddress)	d. STREET ADDRESS BOX 121.F	e. IS RESIDENCE ON A FARM? PAPER STREET YES NO X
3. NAME OF DECEASED (Type or print) MET UT	Middle	LBOURN, JR. DEATH	Month Doy Yeor JUNE 6 1958
1124/1	ED NEVER MARRIED B. D	ATE OF BIRTH 9. /	AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	None		12. CITIZEN OF WHAT COUNTRY $U.S.A.$
3. FATHER'S NAME MELVIN COULBOURN.	C-	A. MOTHER'S MAIDEN NAME LOUISE CRAN	IDALL
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		RMANT	SR., CRISFIELD, I
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. (c) PART, II. OTHER SIGNIFICANT CONDITIONS CO	/\See r	al pneumonia port/from autopsy	of Cerebral aqueduct. ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PREFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	MASAFY NO	nter noture of injury in The or Fort In	TO ALL YES NOW
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m. p. m. 19 of work	Not while	OF INJURY (Home, form, street, office bldg., etc.)	R-SOMERSETICCOUNTY, AID!
21. I certify that I attended the decease alive an 19		ADDRESS (Street	ne causes and an the date stated above, city or town, state) DATE SIGNE ARYLAND 6/6/6
PHYSICIAN'S DR. C. G. RAWI			CR YLAND
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. Date thereof June 9, 1958	22c. NAME OF CEMETERY OR CE Branch Cemeter	y Marion	N (City, town, or county) (Stote) n, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE H. Harvey Bradshaw, Cris	fieldm Maryland	DATE JUN 1 3 158	246 REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7248

CERTIFICATE OF DEATH

Reg. Dist. No.

07244

	1. PLACE OF DEATH o. COUNTY	103677		MARYL	AND	2. USUAL RESID	2.6		ived. If institution b. COUNTY	~		
1		OMERSET If outside corporate limit	write	c. LENGTH OF STAY IN	4.10	CITY OR T		LAND	e limits, write RI		MERS	
	RURAL and give n	earest town)	s, wille	4	115	c. CIII OK I					ive negresi i	ownj
	d NAME OF HOSPI	FIELD TAL (If not in hospital, gi	ve street	1 DAY		d. STREET A		LON D	TATION	T	10.10	RESIDENCE
	- OR INSTITUTION			MORIAL HO	OSP		DUKE33				OI	N A FARM?
	3. NAME OF DECEASED (Type or print)	Firs BLA		Middle		CTILI		4. DATE OF DEATH	JUN		Day 23	Yeor 19 58
	5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED		B. DATE OF BIRTH	1	9.	AGE (In years last birthday)	-		NDER 24 HRS.
	FEMALE	WHITE	WIDOWI	DIVORCED		10-20-	1874	1	83 yrs.	Months	Days Hou	urs Min.
	100. USUAL OCCUPATION	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPU	ACE (State	ar foreign caur		12. CITI	ZEN OF WI	HAT COUNTRY
	Housewi			Own home		M	AR YI	AND			U.S.	A .
	13. FATHER'S NAME					14. MOTHER'S			**		0.0	44.
	LUTHER	T. MILE	S			A	NNIE	E HANI	DY			
		ER IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. If	NFORMANT		7,00	Addr	1055		
	No	None	rvicej	None	EL	IZABET	H C	ILLEN	MARI	ON,	MARY	LAND
		ATH [Enter only one cou	se per li	ne far (a), (b), and (c).]								L BETWEEN
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	SH	OCK AND I	YEM	CORRHAG	E					AY
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	lying couse lost.	(c)		ushed Chi							1	
)	PART II. OTI GENER 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIFY			CLEROSIS					ONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
	200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	77	LL DOWNS		RS AT			of item 18.)			
	S 20c. TIME OF INJUI	RY Month, Day, Yea			Oe. PLA	ACE OF INJURY (lome, form	20f. (City or	r town)	(Ce	ounty)	(State)
	20c. TIME OF INJUST A P. P. P. P. Co. m.	6 22 195	While at wor	Not while at work	TOC	HOME	bidg., etc.	MAR	ION	Son	ER SE	ET MI
	21. I certify th	nat I attended the	deceas	ed from <i>JUN</i>]	F 2	2_ 19 58) toe	JUNE A	23, 1958	that I k	ast saw t	he deceased
	alive onJU	NE 23	_, 19	58, and that a	leath	occurred a	: 501	M, fram	the causes a	nd an th	e date st	lated abave
	ACTUAL L	P	P	11 -	-			ADDRESS (Street	et, city or town.	stote)		DATE SIGNED
,	SIGNATURE	enge (o)	sou	Chru m n	1	M.D. MAR	ION	STAT.	TON, M	D.		
	PHYSICIAN'S NAME (Type)	EORGE C.	Co	ULBOURN,	M.	D.,	MARI	ON S	TATION	. MA	RYLA	ND
	220. BURIAL, CREMATIC REMOVAL (Specify) Burial	June 26,		St. Paul's					ON (City, town, on Statio			Stote)
	23. FUNERAL DIRECTOR			ADDRESS				BY REGISTRA		TRAR'S SIG	NATURE	
ø	Bradeharr	& Cone Coi	efie	1d Mamilan	A		6558	1 2 6 '58	1171	. 0 6321	e/h	

15M 10/57

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Warfan Station, No. V. C.	Legopola - Thai . to 8	not be such that the

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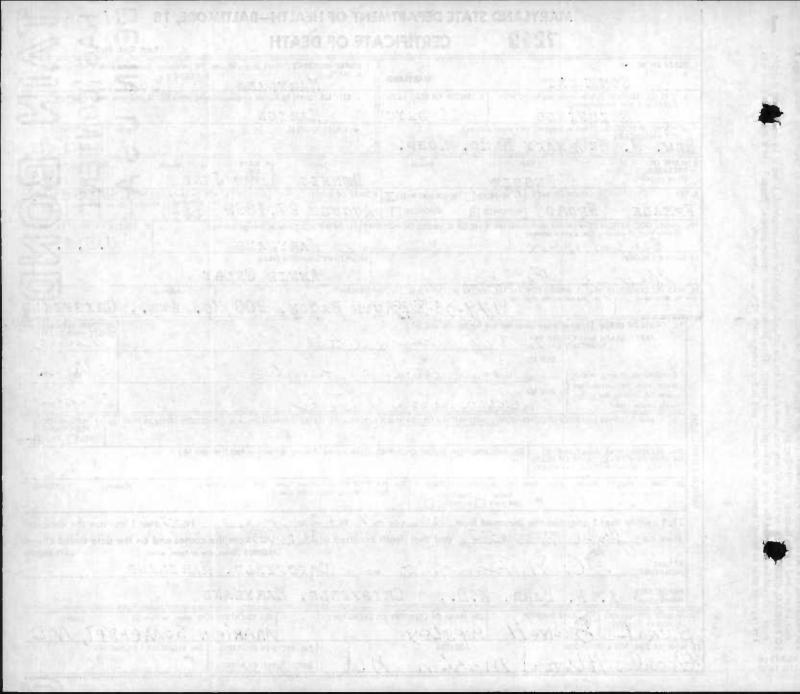
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07245 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7249 **CERTIFICATE OF DEATH**

Reg. Dist. No.

/	1. PLACE OF DEATH o. COUNTY SOMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. STATE b. COUNTY CONTROL OF THE				
i	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	RURAL ond give neorest town) CRISFIELD 11 DAYS	X MARION				
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE				
1	EDW. W. MCCREADY MEMO. HOSP.	ON A FARM? YES NO				
	3. NAME OF First Middle DECEASED (Type or print)	DENNIS A. DATE Month Day Year Of The DEATH JUNE 7 1958				
Н	(Type or print) BESSIE 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X					
	FEMALE NEGRO WIDOWED DIVORCED	B. DATE OF BIRTH AUGUST 27, 1899 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU					
	during most of working life, even if retired) Sea food 1100 R	MARYLAND U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Harrie Price	ANNIE SELBY				
	Yes, no, or unknown (If yet, give wor or dates of service)	INFORMANT Address				
	149-03-13288	UTH BACON, 200 Md. AVE., CRISFIELL				
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN TO				
	IMMEDIATE CAUSE (6) / Cyce Myore	reditio I week				
	126,1 DUE TO 51					
Ŧ.	Conditions, if ony, which gave rise to immediate (b) Characters	1 foundles x/2 mo				
	couse (o), stoting the under-	V Luzi				
	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
0	O CONTRACTOR SOUTH CONTRACTOR CON	PERFORMED? YES NO				
	GOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at work at work	LACE OF INJURY (Home, farm, 20f. (City ar lawn) (County) (State) actory, street, affice bldg., etc.)				
	21. I certify that I attended the deceased from Manh 27, 1957, to 400, 1957, that I last saw the deceased alive an from 7, 1957, and that death accurred at 10,30 P. Fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED					
	SIGNATURE G. M. San M.D. CRISFIELD, MARYLAND					
	PHYSICIAN'S A. N. BARR, M.D., CR	ISFIELD, MARYLAND				
	220. BURIAL, CREMATION, 27 DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)				
	BURIL BUNG! MESLEY	MARION, SOMETSET, IND				
	23. PULIERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	VILLOWED I VILLOWED I	DATE 378 1 6 '58 000				



VS A15 (4) 15M 10/57

1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07246

7250 CERTIFICATE OF DEATH

Reg. Dist. No.

				Reg. Dist. 140.	
1. PLACE OF DEATH 6. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla)	ere deceased lived. If institution b. COUNTY	on: Residence before Somerset	odmission)
b. CITY OR TOWN (If outside Croprote limits, write RURAL and give nearest town) Ewell	c. LENGTH OF STAY IN 1b		utside corporate limits, write RU		est town)
d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF INSTITUTION Smith Island		d. STREET ADDRESS Smith	Island	е	IS RESIDENCE ON A FARM? YES NO
					123 [] 140 [6]
3. NAME OF DECEASED (Type or print) ELPERTII	Middle	EVANS	4. DATE Mont	28 Doy	19 58
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		June 2, 188	9. AGE (In years lost birthday) 73 yrs.	Months Doys	F UNDER 24 HRS. Hours Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	None	Smith Isla		US A	WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Lewis A. Evans	3	Margan	ret Evans		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)		NFORMANT Ewis A. Evans-	Addr Ewell. Md.	ess	
gove rise to immediate couse (a), storing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS COUSE (b) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	endisea	NAL DISEASE CONDITION GIV	EN IN PART 1(o) 19	WAS AUTOPSY PERFORMED? YES NO
		ACE OF INJURY (Home, form,		(County)	(Stote
Hour o. m. While	Not while for	tory, street, office bldg., etc.		(Coomy)	(a)
21. I certify that I attended the decease alive an S., 19. ACTUAL SIGNATURE	/1	accurred at 7:30A	M, fram the causes a Concess (Street, city or town,	nd an the date	
PHYSICIAN'S Barbara Hunt	, M. D.	Ewe	ll, Maryland		1195
20. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) BURIAL Specify July 1,1958	22c. NAME OF CEMETERY OF Ewell Cemete		22d. LOCATION (City, town, of Ewell, Md		(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	
Bradshaw & Son	ns-Crisfield.			1	

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VS A15 (4) 15M 10/57

7251

CERTIFICATE OF DEATH

Reg. Dist. No.

-											
1.	PLACE OF DEATH			MARYL	AND	2. USUAL RESIDENCE (W		b. COUNTY	~		
-		OMERSET If autside corporate limits.	write	c. LENGTH OF STAY IN			YLANI			MERSE	
	RURAL and give n	earest tawn)	wille		4 16	c. CITY OR TOWN (IF	outside corpo	rate limits, write l	WKAL and g	ive nearest	town
_		ISFIELD		9 DAYS			BLEY				
_	OR INSTITUTION	TAL (If not in hospital, give	street	address)		d. STREET ADDRESS					RESIDENCE ON A FARM?
E	DW. W.	MCUREADY	ME	MORIAL HO	OSP	•				YES	S NO
3.	NAME OF DECEASED	First		Middle		last	4. DATE OF	Mai	nth	Day	Year
	(Type or print)	ADD	IE	P.		FRENCH	DEATH	J	UNE	3	19 58
	SEX	6. COLOR OR RACE 7.	MARI	RIED NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
H	EMALE	WHITE W	IDOW	ED DIVORCED		JULY 25.	1876	last birthday)	Manths	Days Ha	ours Min.
10	a. USUAL OCCUPATE	ON (Give kind of work don	e 10b.	KIND OF BUSINESS OR	INDUS1	RY 11. BIRTHPLACE (State	e ar foreign co	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	HOUSEWI	king life, even if retired)				MARYL	AND		1	7 5 1	1
13.	. FATHER'S NAME	r c				14. MOTHER'S MAIDEN				1000 5	1.
	ISTAH	TYLER				Lours	m Dar	760			
15		R IN U. S. ARMED FORCES	2 14	SOCIAL SECURITY NO	117 IN	FORMANT	E PAR		dress		
{Y	es, no, or unknown)	(18 yes, give war ar dates of service			700	and the same of th	OD	_		w M	ARYLANI
_				None	טעו	UISE TAYL	OR	11.01	MBLE	الملك والم	AR I LAN L
		ATH [Enter only one cause	per li	ne for (a), (b), and (c).]		Vakes				INTERVAL	L BETWEEN
	PARI I. DEA	ATH WAS CAUSED BY:	1/2	una.	0	wee					
	561.5	DUE TO	4	1-	0		- 10-0	1			
	Canditions, if a		2	myrela	led	Boule	Jels-	-)			
	gave rise to i		-	0 1 -	~ /	yours a	11	1 10			1
	lying cause last.	(c)_	You	of mester 2	He	uno 14	alees.	nos 11. 20	lan.	1660	cho
Z	PART II. OTI	HER SIGNIFICANT CONDIT	IONS C	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERM	AINAL DISEASI	E CONDITION GE	VEN IN PART	1(a) 19. W	AS AUTOPSY
TY.	Ogr	unille,	1	esisten	_ 7	1) 20 m	cer of	Deen			RFORMED?
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING 201	b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	Part I or Part	It of item 18.)		120	ري الله
CER	OR CONTRIBUTING	MEDICAL EXAMINER)		· · · · · · · · · · · · · · · · · · ·							
		Y Month, Day, Year	204 1	NJURY OCCURRED 2	Oe PLA	CE OF INJURY (Hame, for	m 205 (City	or towal	10	ounty)	(State)
MEDICAL	Hour a.m.		While	Nat while	fact	ary, street, affice bldg., et	(c.)	or town,	10	ountyj	fainel
¥	p. m.		at war	k ot work		× /	7				
	21. I certify th	at I attended the de	eceas					3			
	alive on_	Exp 6 5 3	192	and that d	leath (accurred at 10 2	M, fran	n the causes	and on th	e date st	tated abave.
	1	10/	V	1				reet, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	sucy Cu	ki	elmen	AA	p KI are	1001 /	260	20	1	
	PHYSICIAN'S G.	EORGE C.	Cot	JLBOURN,	M. I) CR	ISFIE	LD , MA	RYLA	ND	
220	a. BURIAL, CREMATIC			22c. NAME OF CEMET				ION (City, tawn,			(State)
	REMOVAL (Specify)	6-6-58			-			272 4			
23	FUNE AL DIRECTOR	S SIGNATURE Q	_	ADDRESS	ata da di		Unne		STRAR'S SIG		ryland
-	Lenne	1 StiWal	w	Pocomoke	- ~			. 0	SIKAK S SIG	MAIORE	
\preceq	7	- To app		- TOCOMOR (- U	ity, Md PATE J	UN 9 '	58 (1)	Lede	uh	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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A CONTRACTOR OF THE		
A CALL DESCRIPTION OF THE PROPERTY OF THE PROP	post mest an interest	

	6 %	.00	CERTIFICA	AIL OF DEATI			Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY Somers	et		MARYLAND	2. USUAL RESIDENCE (WI G. STATE Maryland	here deceased	Somers		e before admir	ision)
b. CITY OR TOWN (I	f outside corporate limits,	write c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rate limits, write R	URAL and g	ive nearest tow	rn)
Princess	Anne R.F		4 years	X Princess	Anne	R.F.D.	I		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	J. She	ldon	Middle	Hopkins	4. DATE OF DEATH	June	th TI	Day	Year 19 58
5. SEX	6. COLOR OR RACE 7		NEVER MARRIED	B. DATE OF BIRTH				YEAR IF UND	
male	white v	VIDOWED	DIVORCED	July 23, I	903	9. AGE (In years last birthday) 54 yrs.		Days Hours	
during most of work	ON (Give kind of work do king life, even if retired)			STRY 11. BIRTHPLACE (State	ar fareign ca	untry)		ZEN OF WHA	T COUNT
Saleman		sal	eman	Maryla			U.	S.A.	101
18. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	F. Hopkin			Ella Nora	Marsl				201
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi			NFORMANT		Addı	***		
no	no	У	es Mi	s.Sheldon	Hopkin	ns Prin	cess	Anne,	Md.
	TH [Enter only one caus	e per line for (a), (b), and (c).]					INTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Myocs	ardial info	retion				SOCOL	de
420.0	DUE TO								
Conditions, if a	ny, which) (b)_	Art	terioselero	tic heart dis	68.50			years	;
gave rise to in cause (a), stating								000	
lying cause last.) (c)_								
5		TIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	ORMED?
20a. ACCIDENT WA	S UNDERLYING 20	b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part	11 of item 18.)		I IES [) NO (
OR CONTRIBUTING	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)								
		20d. INJURY C	CCURRED 20e. PL	ACE OF INJURY (Hame, farm	20f. (City	or town)	IC	aunty)	(State)
20c. TIME OF INJUR Have a. ji.	19	While No	ot while to	clory, street, office bldg., etc	-)	0. 10.119	10	00111 y)	(SIGIE)
21. I certify th				19, to					
alive on	_6=11=58	, 12	and that death	occurred at					
ACTUAL	1. 4	CA				eet, city or town,		D	ATE SIGN
SIGNATURE	MALK	13	uller	M.D. Dames	Quart	er. Mary	land	6-1	1-58
PHYSICIAN'S NAME (Type)	Everett C	Sutter	MD						
22a. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. N	IAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ION (City, town, o	er county)	(Sta	te)
REMOVAL (Specify)	6-14-19	58 As	bury Ceme	terv	Mt.	Vernon.	Mary		
23. FUNERAL DIRECTOR			DDRESS		D BY REGIST		TRAR'S SIG		-1
Javin	17 W!!	Princ	ess Anne	Md. DATE	W 1 6 15	0 000	/	-/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be cache for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stands the filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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Married Married Committee of the Committ	
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VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	7:	254	CERTIF	ICAT	E OF DEA	TH		Reg. Di	st. No.		
1. PLACE OF DEATH o. COUNTY S	omerset		MARYLA		USUAL RESIDENCE o. STATE Mary		ed lived. If instituti b. COUNTY	-	ce befo	-11	ision)
RURAL and give ne	outside corporate limitarest town) ylerton	ts, write	c. LENGTH OF STAY IN Lifetime	1Ь		(If outside corp	orote limits, write R		-		n)
OR INSTITUTION	AL (If not in hospital, omith Islan		address)		d. STREET ADDRESS Smith Island						SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	DAISY	sl	Middle ELLEN	LAI	RD Lost	4. DATE OF DEATH	Mon June	2;	3	у	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	D NEVER MARRIED DIVORCED [ATE OF BIRTH	385	9. AGE (In years lost birthdoy) 72 yrs.	-	1 YEAR Days	IF UND Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIOn during most of work Housewi	ing life, even it refired	done 10b.	At Home	INDUSTRY		itote or foreign or r Island			S A		TCOUNTRY
13. FATHER'S NAME	McClell	and P	ruitt	14	Mai	en name ry Parke	3				
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of s	CES? 16. S	None	Mrs.		Bradshav	Add VTylert		d.		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Dy, which) Immediate (b	ر د	e for (o), (b), and (c).]	to	col	منع	^		N N N N N N N N N N N N N N N N N N N	ET ANE	DEATH.
20a. ACCIDENT WA	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH					'EN IN PART	1 1(0) 1		AUTOPSY DRMED?
U (IF EITHER, NOTIFY) O C. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	While	JURY OCCURRED 20 Not while	le. PLACE (OF INJURY (Home, street, office bldg.,	form, 20f. (Cir.	y or town)	(0	County)		(Stote)
21. I certify the alive on	ot I attended the ne 13 Sanhar Barbara Hu	195 a+	a, and that de		curred oB:45	P. M. from	m the causes of the city or town, MA.	ind an th		te stat	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	June 25,	f 1958			ery	Ту	TION (City, town, or lerton, 1	Md.		(Sto	le)
23. FUNERAL DIRECTOR'S		1 & S	ADDRESS onsCrisfie	eld,	Md.	REC'D BY REGIS	h /	STRAR'S SLO	1.	Œ	

Jedning Tolking	no Decays	Al-LAND	dia i han name
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Cytorton, 16,		O modernick (St.)	
		Plated-cod	

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be it produced to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained 1 from files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or remayal, and in any every within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea Dist No

								Kag. Dist. 14	· .	
1. PLACE OF DEATH o. COUNTY	Somerset		MARYLANI		AL RESIDENCE (VATE Maryla		lived. If institut	sion: Residence be Somerset	efore admission)	
	It autside carparate limits, write R	URAL	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
and give nearest tow	Crisfield		Lifetime	139	Crisfi	616				
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hosp		d. SI	REET ADDRESS	.GI.U			e. IS RESIDENCE	
	atN. 10th S								ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First WILL	[AM]	Middle HENRY	POWE	Lasi	4. DATE OF DEATH	June	Doy 4	Year 19 5 8	
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9.	AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.	
Male	White	VIDOWED	DIVORCED TX	Apri	1 30, 18	89	69 yrs.	Months Days	Hours Min.	
100. USUAL OCCUPATI	ON (Give kind of work do	ne 10b. Kli	ND OF BUSINESS OR INDU	- 46		1		12. CITIZEN O	F WHAT COUNTRY?	
Carpenter	ng life, even if retired)		nstruction Wo		Crisfiel			USA		
13. FATHER'S NAME				14. MOT	HER'S MAIDEN N	NAME				
	William H.	Powe]			Mary L	. Ward				
15. WAS DECEASED EN	VER IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17.	INFORMAN	(T		Address			
Yes	World War I		18-14-2430 N	rs. S	nirley S	hawen-	R.F.D.	Crisfiel	d, Md.	
	ATH [Enter only one couse	per line fo	or (o), (b), ond (c).]					INTE	RVAL BETWEEN ET AND DEATH	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	St	uffocation	Heat	and Smok	e from	Fire)	m	inutes	
916.8	DUE TO									
Conditions, if		T	nird Degree b	ทางกร	of entir	e hody:	charre	a l	11	
gave rise to imme	ediote couse				011022	0 2000	0144210	~		
(a), stating the	onderlying (a)	ha	ands, feet, a	nd sca	alp				-	
	HER SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH BUT	NOT RELAT	ED TO WE WANT	MATERICE CO.	ONDINON CIV	EN IN PART VOL	WAS ALITOPSY	
SATIO					DE	PUTY M	EDICAL E	XAMINE	PERFORMED?	
PART II. OT	USE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED.	(Enter notur						
		Subjec	et aboard boa	t asl	eepBoa	t caugh	t fire			
3 20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. IN	NJURY OCCURRED 20e. PI	ACE OF IN	URY (Home, form	20f. (City or	town)	(County)	(Stote)	
20c. TIME OF INJU	June 4 1958	While at worl	Not while Abo	sard h	office bldg., etc.		field	Sometise	t Md.	
			emains described ab					Inquiry X		
			auses , Accident				-	rmined mann	,	
	meto	. 0	Dran 1 h		X					
SIGNATURE	111/11/00	we	bourn	M.D. C	HIEF MEDICAL EX	CAMINER [DATE SIGNED	
					SISTANT MEDIC	AL EXAMINER [
EXAMINER'S NAME (Type)	Villiam H. Co	ulbou	urn, M. D.	DI	PUTY MEDICAL	EXAMINER 🔣		June 5,	1958	
220. BURIAL, CREMATION REMOVAL Specify	ON. 226. DATE THEREOF	12	22c. NAME OF CEMETERY C	R CREMATO	ORY	22d. LOCATIO	N (City, town, o	r county)	(Stote)	
Burial	June 6,19	958	American Leg	ion C	emetery	Crisf	ield, M	d. /	- /	
23. FUNERAL DIRECTO			ADDRESS		24a. REC'	D BY REGISTRA	R 246. REGIS	TRANS SIGNATU	RE	
Brad	Ishaw & Sons-	Cris	sfield, Md.		DATE	JUN 3	130			

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18 72 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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the attending physician and campletely filled.
Then please remave carbon popers. Pages 1 cerement within 72 hours ofter death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

by the haspital or ottending physician. detoched far use os the burial-tronsit permit.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7255

CERTIFICATE OF DEATH

07252

							Reg. Dist. No)
PLACE OF DEATH O. COUNTY	Somerset	MARYLAND	2.	USUAL RESIDENCE (Who STATE Maryla		L COUNTY	Somerset	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write necrest town) Cristield	c. LENGTH OF STAY IN 16 Lifetime	×	c. CITY OR TOWN (IF or Crisfi				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street R.F.D. # 1	address)		d. STREET ADDRESS R.F.D.	# 1			e. IS RESIDENCE ON A FARM2. YES NO A
3. NAME OF DECEASED (Type or print)	UCEILUS	CLAY	W.	ARD Lost	4. DATE OF DEATH	Month June	27	y Year 19 5 8
S. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DED A DIVORCED		eb. 2, 1871	9.	A A B A A B A A P	Months Days	Hours Min.
10a. USUAL OCCUPAT during most of wa Carpen	ION (Give kind of work done 10b. rking life, even if retired) FC	r Himself	USTRY	Crisfield,			US A	OF WHAT COUNTRY
13. FATHER'S NAME			14	MOTHER'S MAIDEN N	AME			
	Henry Clay War	d		Sarah	Kathry	n Hender	son	
15. WAS DECEASED EV (Yes no. or unknown) NO	ER IN U. S. ARMED FORCES? 16.		INFOR	Mant KathrynWar	d-R.F	.D. # 1-		eld, Md.
The second secon	immediate DUE TO	mbral	A	Amoc	lore	aús.		Syew
20a. ACCIDENT W	THER SIGNIFICANT CONDITIONS. (AS UNDERLYING 20b. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	h	yreary	de	ند	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
ZOc. TIME OF INJU Hour a.m. p.m.	10 While	Not while t	PLACE (OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or	r town)	(County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the decease 26, 19: Sarah M. Peyton	, M.D.	h acc	wrred at 12:05	AM, from baddress (Street	I, 19 if	nd an the do	aw the decease ite stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify Burial	June 29, 1958			etery	Crisi	rield, M		(Stote)
23. FUNERAL DIRECTOR	r's signature radshaw & Sons	ADDRESS Crisfield, Md		240. REGID	BY REGISTRA	R (46) REGIST	RAR'S SIGNATU	RE

page 3 should be detoched far use as the burial-transit permit. the registrar priar to burial, cremation, or removal, and in any TO HOSPITAL OR TO FUNERAL B VS A1S (4) 15M 10/57

1 1 1 and the state of t near airtail agrides dans A part of the property of the second of the A RESIDENCE OF THE PROPERTY OF C. t. and M. Marine San M. D. the state of the second second Compared States Compared Compa List of Actual of All had been a part of the factor of the state of the sta